#### §460.192

- (v) Observation of program operations, including marketing, participant services, enrollment and disenrollment procedures, grievances, and appeals.
- (2) A comprehensive assessment of an organization's fiscal soundness.
- (3) A comprehensive assessment of the organization's capacity to furnish all PACE services to all participants.
- (4) Any other elements that CMS or the State administering agency find necessary.

# § 460.192 Ongoing monitoring after trial period.

- (a) At the conclusion of the trial period, CMS, in cooperation with the State administering agency, continues to conduct reviews of a PACE organization, as appropriate, taking into account the quality of care furnished and the organization's compliance with all of the requirements of this part.
- (b) Reviews include an on-site visit at least every 2 years.

#### § 460.194 Corrective action.

- (a) A PACE organization must take action to correct deficiencies identified during reviews.
- (b) CMS or the State administering agency monitors the effectiveness of corrective actions.
- (c) Failure to correct deficiencies may result in sanctions or termination, as specified in subpart D of this part.

#### § 460.196 Disclosure of review results.

- (a) CMS and the State administering agency promptly report the results of reviews under §§ 460.190 and 460.192 to the PACE organization, along with any recommendations for changes to the organization's program.
- (b) CMS and the State administering agency make the results of reviews available to the public upon request.
- (c) The PACE organization must post a notice of the availability of the results of the most recent review and any plans of correction or responses related to the most recent review.
- (d) The PACE organization must make the review results available for examination in a place readily accessible to participants.

### Subpart L—Data Collection, Record Maintenance, and Reporting

# §460.200 Maintenance of records and reporting of data.

- (a) General rule. A PACE organization must collect data, maintain records, and submit reports as required by CMS and the State administering agency.
- (b) Access to data and records. A PACE organization must allow CMS and the State administering agency access to data and records including, but not limited to, the following:
  - (1) Participant health outcomes data.
  - (2) Financial books and records.
  - (3) Medical records.
  - (4) Personnel records.
- (c) Reporting. A PACE organization must submit to CMS and the State administering agency all reports that CMS and the State administering agency require to monitor the operation, cost, quality, and effectiveness of the program and establish payment rates.
- (d) Safeguarding data and records. A PACE organization must establish written policies and implement procedures to safeguard all data, books, and records against loss, destruction, unauthorized use, or inappropriate alteration
- (e) Confidentiality of health information. A PACE organization must establish written policies and implement procedures to do the following:
- (1) Safeguard the privacy of any information that identifies a particular participant. Information from, or copies of, records may be released only to authorized individuals. Original medical records are released only in accordance with Federal or State laws, court orders, or subpoenas.
- (2) Maintain complete records and relevant information in an accurate and timely manner.
- (3) Grant each participant timely access, upon request, to review and copy his or her own medical records and to request amendments to those records.
- (4) Abide by all Federal and State laws regarding confidentiality and disclosure for mental health records, medical records, and other participant health information.

- (f) Retention of records. (1) A PACE organization must retain records for the longest of the following periods:
- (i) The period of time specified in State law.
- (ii) Six years from the last entry date.
- (iii) For medical records of disenrolled participants, 6 years after the date of disenrollment.
- (2) If litigation, a claim, a financial management review, or an audit arising from the operation of the PACE program is started before the expiration of the retention period, specified in paragraph (f)(1) of this section, the PACE organization must retain the records until the completion of the litigation, or resolution of the claims or audit findings.

## § 460.202 Participant health outcomes data.

- (a) A PACE organization must establish and maintain a health information system that collects, analyzes, integrates, and reports data necessary to measure the organization's performance, including outcomes of care furnished to participants.
- (b) A PACE organization must furnish data and information pertaining to its provision of participant care in the manner, and at the time intervals, specified by CMS and the State administering agency. The items collected are specified in the PACE program agreement.

# § 460.204 Financial recordkeeping and reporting requirements.

- (a) Accurate reports. A PACE organization must provide CMS and the State administering agency with accurate financial reports that are—
- (1) Prepared using an accrual basis of accounting; and
  - (2) Verifiable by qualified auditors.
- (b) Accrual accounting. A PACE organization must maintain an accrual accounting recordkeeping system that does the following:
- (1) Accurately documents all financial transactions.
- (2) Provides an audit trail to source documents.
- (3) Generates financial statements.
- (c) Accepted reporting practices. Except as specified under Medicare principles

- of reimbursement, as defined in part 413 of this chapter, a PACE organization must follow standardized definitions, accounting, statistical, and reporting practices that are widely accepted in the health care industry.
- (d) Audit or inspection. A PACE organization must permit CMS and the State administering agency to audit or inspect any books and records of original entry that pertain to the following:
  - (1) Any aspect of services furnished.
- (2) Reconciliation of participants' benefit liabilities.
- (3) Determination of Medicare and Medicaid amounts payable.

#### § 460.208 Financial statements.

- (a) General rule. (1) Not later than 180 days after the organization's fiscal year ends, a PACE organization must submit a certified financial statement that includes appropriate footnotes.
- (2) The financial statement must be certified by an independent certified public accountant.
- (b) *Contents*. At a minimum, the certified financial statement must consist of the following:
  - (1) A certification statement.
  - (2) A balance sheet.
- (3) A statement of revenues and expenses.
- (4) A source and use of funds statement.
- (c) Quarterly financial statement—(1) During trial period. A PACE organization must submit a quarterly financial statement throughout the trial period within 45 days after the last day of each quarter of the PACE organization's fiscal year.
- (2) After trial period. If CMS or the State administering agency determines that an organization's performance requires more frequent monitoring and oversight due to concerns about fiscal soundness, CMS or the State administering agency may require a PACE organization to submit monthly or quarterly financial statements, or both.

### § 460.210 Medical records.

(a) Maintenance of medical records. (1) A PACE organization must maintain a single, comprehensive medical record for each participant, in accordance with accepted professional standards.